



Phoenix

Of Swaziland Assurance Company Ltd.

P.O. Box A113 Swazi Plaza – Corporate Place, Mbabane H101, Swaziland

Email: info@phoenixswaziland.com

THEFT CLAIM FORM – MOTOR

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|----------------------------------|--|
| Policy (or Certificate) No. | Branch or Agent to whom you paid your Last Premium |
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1. INSURED

Name:

Address (Private) Telephone No.

Address (Business) Telephone No.

Trade or Occupation (if more then one state all)

2. Date of Loss..... Time hrs Exact place

Name and address of person using vehicle immediately prior to Loss

For what purpose was he using the vehicle?

Was vehicle locked when left?

What other precautions were taken against Theft?

Is vehicle usually kept in a locked garage?

Explain fully how Loss occurred

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3. When was Loss notified to Police? Date Time hrs

Address of Police Station

4. VEHICLE

| Reg No. | CC | Make | Year | Model |
|---------|----|------|------|-------|
| | | | | |

Are you the Sole Owner?
In whose Name is the Vehicle Registered?
State the Date of First Registration as new
Name of Hire Purchase Company, if any
Approximate amount outstanding

IF THE VEHICLE HAS BEEN STOLEN AND NOT RECOVERED GIVE THE FOLLOWING INFORMATION

5. Chassis No. Engine No. Mileage
- Colour and condition of (a) body (b) upholstery
- Date of Purchase Price paid Present value
- Please describe any marks, defects or features which might assist in identifying vehicle
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IF ONLY PARTS WERE STOLEN AND/OR DAMAGED WAS CAUSED BY THIEVES COMPLETE BELOW

6. Details of Stolen Parts
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- Details of Damage caused
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- Address where vehicle can be inspected
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- Telephone No.

NOTE:- PLEASE SUPPLY AN ESTIMATE FOR REPAIRS AND REPLACEMENT OF STOLEN PARTS

7. Is the Loss or Damage covered by any other policy? If so, give name and address of Insurers
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I/We declare that these particulars are True and Complete in every respect.

In the event that the vehicle is recovered and repairable I/we authorise the Corporation to instruct my/our repairers to my/our behalf to undertake such repairs to my/our vehicle as maybe agreed.

Date Signature of Insured
(If a Limited company, give status of signatory)